

N.C. DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES
DIVISION OF SOLID WASTE
HAZARDOUS WASTE SECTION

Circle one:

G, I, P, GW, C, E

FILE DOCKET

DATE

ITEM

- | DATE | ITEM |
|-----------|--|
| 1 9-27-95 | First Notification |
| 2 10-9-95 | EPA ID # |
| 3 2-29-96 | to Edwards Sr. Walick Jr. re: new EPA ID # |
| 4 3-25-96 | EPA ID # is inactive |

State of North Carolina
Department of Environment,
Health and Natural Resources
Division of Solid Waste Management

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
William L. Meyer, Director



(10)

March 25, 1996

Dear Sir:

Based on information received from you for your site identification, the State has accepted and processed RCRA classification for this site.

Your EPA ID number is: NCR000002378
(X Indicates Operational Status of Your Facility)

Teknix

- | | | | |
|---|--|---|-----------------|
| - | LARGE GENERATOR | - | SMALL GENERATOR |
| - | SMALL EXEMPT GENERATOR | X | INACTIVE |
| - | TRANSPORTER | - | TREATER |
| - | DISPOSER | | |
| - | USED OIL FUEL MARKETER SHIPPING TO OFF-SPECIFICATION BURNER | | |
| - | USED OIL FUEL MARKETER FIRST CLAIMS OIL MEETS SPECIFICATIONS | | |
| - | USED OIL BURNER | | |
| - | USED OIL TRANSPORTER | | |
| - | USED OIL TRANSFER FACILITY | | |
| - | USED OIL PROCESSOR | | |
| - | USED OIL RE-REFINER | | |

Sincerely,
R. J. Edwards III

R.J. Edwards, Administrative Officer
Division of Solid Waste Management

cc: JESSE WELLS

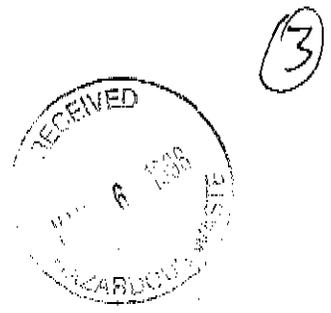
P.O. Box 27687,
Raleigh, North Carolina 27611-7687
Voice 919-733-4996



FAX 919-715-3605
An Equal Opportunity Affirmative Action Employer
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TEKNIX, INC.
P.O. BOX 342
STATESVILLE, N. C. 28687

FEBRUARY 29, 1996



JIM EDWARDS
HAZARDOUS WASTE SECTION
P.O. BOX 27687
RALEIGH, N. C. 27611

inactivated
JE

DEAR MR. EDWARDS:

ENCLOSED IS AN APPLICATION FOR A NEW EPA IDENTIFICATION NUMBER FOR TEKNIX, INC. WE CURRENTLY ARE ASSIGNED EPA I.D. NUMBER NCRO00002378, HOWEVER OUR COMPANY HAS MOVED TO A NEW LOCATION, DISPOSED OF ALL WASTE GENERATED AT THE FORMER FACILITY (1114 PAOLA ST., STATESVILLE, N. C. 28677), AND REQUEST THAT THIS NUMBER BE INACTIVATED.

IN OUR INITIAL APPLICATION FOR AN EPA I.D. NUMBER, WE CLASSIFIED TEKNIX, INC. AS A SMALL GENERATOR, BASED ON A CONSERVATIVE ESTIMATE OF OUR POSSIBLE WASTE GENERATION. OUR ACTUAL AMOUNT OF WASTE GENERATION IS APPROXIMATELY 176 POUNDS/MONTH; THEREFORE, WE REQUEST THE CONDITIONALLY EXEMPT SMALL GENERATOR STATUS ON THE ENCLOSED APPLICATION.

IF YOU HAVE ANY QUESTIONS REGARDING THIS APPLICATION, PLEASE FEEL FREE TO CALL ME.

SINCERELY,

WILLIAM C. WARLICK, JR.
PRESIDENT

/my

State of North Carolina
Department of Environment,
Health and Natural Resources
Division of Solid Waste Management

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
William L. Meyer, Director



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October 9, 1995

TEKNIX INC
PO DRAWER 1508
STATESVILLE, NC 28677

RE: EPA ID No. NCR000002378

Dear Sir:

Listed above is your EPA ID number which has been assigned by the EPA. As a Small Generator, you should be familiar with N.C. Hazardous Waste Management Regulations 15A NCAC 13A .0002 Definitions; contained in 40 CFR 260.10 (Subpart B), 15A NCAC 13A .0006 Identification and Listings of Hazardous Waste; contained in 40 CFR 261.1 (Subpart A-D) and 15A NCAC 13A .0007 Standards for Hazardous Waste Generations; contained in 40 CFR 262.10 - 262.40 (Subpart A-D).

Effective January 1, 1986, all handlers of hazardous waste were required by G.S. 130A-294.1 to pay an annual fee. The above rules were adopted November 13, 1985 as authorized by G.S. 130A-294(a)(7) which was ratified July 3, 1985. Revised by House Bill 2623, ratified on the 29th day of June, 1988 by the General Assembly of the State of North Carolina. You will be billed for the Annual Fee at the beginning of the State fiscal year in July.

You can contact the Hazardous Waste Management Section at (919) 733-2178 for information.

NCSU provides a training program for generators which you may want to attend. Call Mac McKenzie or Kathryn Murray at 919-515-2261 or write to the Office of Continuing Education and Professional Development, P.O. Box 7401, Mckimmon Center, N. C. State University, Raleigh, NC 27695-7401.

You will be inspected at a future date to insure compliance with the above rules. To obtain a complete copy of rules contact the Hazardous Waste Management Section, Division of Solid Waste Management, Box 27687, Raleigh, 27611-7687. There is a 16.00 printing charge for complete copy of the rules.

Sincerely,

R.J. Edwards, Administrative Officer
Division of Solid Waste Management

cc: JESSE WELLS

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

OCT 2 1995

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

A. First Notification

B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

NLR0000002378

II. Name of Installation (Include company and specific site name)

TEKNIX, INCORPORATED

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1114 PAOLA ST.

Street (Continued)

City or Town

STATESVILLE

State

NC

Zip Code

28677-

County Code

County Name

IREDELL

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

POST OFFICE DRAWER 1508

City or Town

STATESVILLE

State

NC

Zip Code

28677-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

WARLICK

(First)

WILLIAM

Job Title

PRESIDENT

Phone Number (Area Code and Number)

704-873-2244

VI. Installation Contact Address (See Instructions)

A. Contract Address

B. Street or P.O. Box

A

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

WILLIAM WARLICK JR.

Street, P.O. Box, or Route Number

P.O. DRAWER 1508

City or Town

STATESVILLE

State

NC

Zip Code

28677-

Phone Number (Area Code and Number)

704-873-2244

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

Day

Year

ID - For Official Use Only									

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
<p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify</p>	<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter Deferral</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p>

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 F 0 0 3	2 F 0 0 1 5	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>William Warlick</i>	Name and Official Title (Type or print) WILLIAM WARLICK, PRESIDENT	Date Signed 9.27.95
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)